

## SPECIAL ED TRANSITION SERVICES - IN-DISTRICT PLACEMENT

District:	School Year:
Building/Program:	Count: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

**INSTRUCTIONS:** Complete for all Special Ed students that are enrolled in an in-district placement course in accordance with their transition services plan.

Name (Last, First)	Grade	Hour	Monitored by a Spec Ed teacher? (Y/N)	At least 1 <i>documented</i> site visit every 30 calendar days? (Y/N)	High school credit earned ? (Y/N)	Attendance verified? (Y/N)	Written in-district placement agreement <i>and</i> training plan on file? (Y/N)	IDP aligned with career pathway and EDP? (Y/N)	Copy of transition services plan attached to in-district placement agreement ? (Y/N)	≤ 48 hours/ week at work and school? (Y/N)	Training ≤ 45 hours/ specific training experience <i>and</i> ≤ max school hours? (Y/N)	FTE	
												Total	IDP Portion (must be ≤ .5)
TOTAL FTE													